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ON

INSANITY.

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PRACTICAL NOTES

ON

INSANITY.

BY

JOHN BURDETT STEWARD, M.D.

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS;
FOR TEN YEARS PHYSICIAN TO THE DROITWICH LUNATIC
ASYLUM, WORCESTERSHIRE.

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It would have been easy for the author to have increased the length of the following notes, but his main object being to establish general principles, he considered brevity more desirable. For this

reason it is, that he abstains from the recital of cases, which—as regards insanity—though certainly interesting to the general reader, have little use in a professional point of view. Also, because all remarks of the kind must necessarily be hypothetical, and, therefore, inconsistent with a purely practical work, the author has abstained from giving any opinion upon the proximate cause of insanity.

For the same reason, although a subject of great interest, he avoids all metaphysical discussion.

The reason he has not entered more at length into medical treatment, will be at once evident, if we reflect, that, the insane being subject to general disease equally as the sane, to do so would be to write a work on the practice of physic. The author has therefore confined himself to those points, which form exceptions to the treatment of the same diseases when occurring in the sane.

Whether the opinions and views of the author in other respects, be thought correct or not,—one fact, at least, must by all be admitted, viz.—that the moral position of the insane is an anomaly, and demands change; for not only does the professed

empiric claim insanity as his own, but all classes, male and female—frequently without the slightest previous experience—and still oftener without even the elementary principles of medicine to guide them —declare and believe themselves fully qualified to take charge of the insane.

Unlike every other science, unlike, even, every other pursuit, qualification is unheeded, ignorance or want of experience no obstacle;—confidence to undertake the duty, being the only test required of the ability to perform it.

An evil of such magnitude, an inconsistency so glaring, cannot always escape discussion; and once fairly before the public,—however much conflicting interests may oppose, change is inevitable; and the long neglected, but self-evident fact must be established, that a perfect knowledge of medicine is necessary for those entrusted with the care of the insane, and that no one, under any circumstances, ought to be allowed to take charge of them, who cannot show such medical qualification, and such a degree of experience in the treatment of the disease, as would be considered sufficient to justify practice in any other branch of medical science.

Should the author be thought over earnest in pressing his views, he begs to assure his readers, the fault arises, not from a wish to impugn the opinion of others, but from conviction of the correctness of his own; and whilst he is quite ready to admit that he may be mistaken, yet, until he sees his error, he hopes he may be pardoned the natural anxiety of endeavouring to induce others to think with him. If, however, the author fail to obtain the sympathy and concurrence of his readers, though the following remarks be doomed to a transitory notice, and an early oblivion; still, so confident is he that the condition of the insane is unsatisfactory, and reform therefore necessary, that he will not the less cherish the hope, that the day is not far distant, when a more able advocate will arise, equally alive to the evils to which the insane are yet exposed, and of influence sufficient to insure amendment.

21, *Gloucester Place, Portman Square.*
March 27th, 1845.

INSANITY.

CHAPTER I.

PRELIMINARY REMARKS.

As the author intends the following remarks to be merely practical, he has chosen his arrangement wholly with a view to treatment; and, in his endeavour to establish that treatment upon general and fixed principles, and, thus, to recognise insanity as being strictly and legitimately a branch of medical science, he hopes to call attention to the inconsistency of allowing any but medical men to have harge of the insane.

The author has further to observe, that the course he has marked out for himself, not requiring the usual divisions of insanity, the reader will, throughout the following pages, find the terms "Insanity" and "Mania," used synonymously.

In discussing the nature and treatment of a disease, we are naturally led to consider the structure and functions of the part or parts implicated; and nothing points out more clearly the difficulties attending the study of insanity, than the unsatisfactory manner in which a rule, so consistent and so general, can, in its case, be applied.

That pure idiopathic mania arises from disease of the brain, cannot be sustained either by reasoning or facts.

The occasional appearance of disease in the brain of an insane person proves nothing, as the same appearances are constantly witnessed in the brain of persons where no affection of the mind has existed; and the evident absence of all disease in many of the most marked cases of insanity, is a contradiction to the opinion, that insanity is occasioned by disease

of the brain, too strong to be successfully controverted.

I do not pretend to answer the question—what is the proximate cause of insanity? I merely contend that the changes recognised as occurring in the brains of the insane, are found also in the brains of the sane; and that, therefore, the evidence at present in our possession, not being conclusive as to the proximate cause of insanity, it is far better to confess our ignorance, and to leave the matter open to further inquiry, than to accept, as satisfactory, inductions derived from premises, which themselves are open to discussion.

If, then, we cannot, with confidence, refer insanity to disease of the brain, since we are unable to demonstrate what particular state of the brain precedes or constitutes it, it is admissible to adopt that definition or character best corresponding with our present knowledge, and most in accordance with what we witness.

We may, I submit, therefore define insanity as being the partial or total subversion of the mental attributes; and that it consists in the perversion of ideas and circumstances, and the consequent adoption

of impulses and motives of action, leading to conduct dangerous or injurious to the interests of the individual, his friends, or society.

The shades of difference between insanity and eccentricity are so faintly marked, that it is very difficult to decide, where insanity begins and eccentricity ends.

The chief distinguishing mark between insanity and eccentricity, as far as my observation serves me, seems to be, the evident loss of self-control in the really insane. The eccentric man may do and say things even more extraordinary and inconsistent than the lunatic; but, then, his actions and expressions are evidently the result of choice, not impulse.

The only rule, however, which ought to regulate, or can justify interference with liberty, is when the peculiarities of the individual, render him dangerous or injurious to himself or others, or wholly incapacitate him for the performance of his duties as a member of society;—then, and then only, ought the law in mercy to interfere; choosing, as the least of two evils, the restriction of that liberty, which the unfortunate individual has shown himself no longer fitted to enjoy.

CHAPTER II.

DIVISION OF INSANITY.

My object being to place insanity in such a light, that the curable forms may at once be understood, and met by proper treatment, I shall found my division, not upon the external and evident characteristics of the disease, but upon the presence or absence of functional or organic derangement.

Acting upon this principle, then, I divide insanity, for the purpose of medical treatment, into,—Idiopathic—Symptomatic—and Organic;—or,

1st. The disease in its pure form, without derangement of the general health, functional impairment, or disease of any organ.

2ndly. When apparently dependent upon, or at

least accompanied by, derangement of the general health or impairment of function.

And lastly, when accompanied by a morbid change in the brain, or some other internal organ.

IDIOPATHIC INSANITY.

PURE IDIOPATHIC INSANITY is that form of the disease, in which the vital and animal functions are healthily performed, the patient at the same time labouring under some particular delusion, inconsistency of conduct, or general incoherence, accompanied by altered habits and manner.

Under this head will, of course, rank every case of insanity, in which there is no bodily disorder or disease, whatever be the state of mind—from the first shade of disturbed intellect to total annihilation —from insanity, in its most modified form, to idiotcy.

SYMPTOMATIC INSANITY, I consider that form of the disease, comprehending all cases, accompanied by derangement of the general health, evinced by a morbid state of the secretions and excretions; or—as regards any particular organ, as the uterus—by interruption or impairment of function; or when

Insanity is attended by an unusual state of the circulation, the heart's action being above or below the natural standard.

By the term, ORGANIC, I mean to designate that form of insanity, accompanied by disease of the brain or some other internal organ.

This division of insanity, adopted, as it is, for practical purposes, leads to another, with a view to prognosis, equally important, viz.—curable and incurable.

First it is to be recollected, as a fact universally admitted, that the curability of insanity is in an inverse ratio to the time of its duration.

Under proper and early treatment, therefore, I submit that the following forms of insanity—*there being no organic disease*—are curable; viz.:—

Cases accompanied by quickened circulation through, or congestion in, the vessels of the brain or its membranes.

Cases accompanied by derangement of the general health, or impairment of function.

Cases apparently originating in excess of any kind.

Cases accompanied by simple œdema, with general constitutional derangement.

Cases following the sudden cessation of rheumatic pains.

Cases following the suppression of any accustomed evacuation or secretion.

Cases following the sudden recession of cutaneous affections.

Also probably curable, if seen within the first three months after the commencement of the attack, are,

Cases where the delusion is limited to one subject, and the mind remains sound as regards all others—*the health being disordered.*

The incurable forms of insanity—of course I refer, in all these divisions, to the majority—comprehend most cases of pure idiopathic insanity, whether the delusion be general, or confined to a particular subject; for when—*as in these cases*—the heart's action is good and regular,—the appetite neither in excess nor deficient,—the excretions properly timed and healthy,—the sleep tranquil and refreshing,—neither medical nor moral agency can

avail :—it is the natural character of the individual : we may keep him within bounds, but we cannot alter him. As well might we attempt to make a choleric man mild, or a coward a hero. It is only the extreme of eccentricity ; and, whilst he rides his hobby without injury or inconvenience to others, or danger to himself, we have no right to interfere with him.

Amongst the incurable cases, are those accompanied by organic disease of the brain.

Also cases of congenital insanity, and generally speaking of epilepsy.

For the purpose of prognosis, there is another circumstance which it is necessary to bear in mind, and that is, the proneness to relapse, in cases of insanity.

Where the predisposition exists, and an hereditary tendency can be traced, few cases continue well more than two or three years at most.

Where the attack is accompanied by impairment of function, the mind returning with the bodily restoration, the cure is generally permanent ;—pro-

vided no hereditary tendency can be traced, and no natural predisposition exists.

In cases following the sudden suppression of an accustomed evacuation or secretion, whether such evacuation or secretion be natural, as that of the uterus ; or preternatural, as hæmorrhoids, epistaxis, &c. ; or artificial, as seatons, issues, &c. ; if, on the restoration of the general health, the affection of the mind vanishes, and there be no hereditary tendency, the cure is generally permanent.

In proposing these divisions, for the purpose of prognosis, I am aware there exist to them exceptions ; but I entertain the hope, that the majority will be found true, and therefore useful.

CHAPTER III.

SYMPTOMS.

Having pointed out, according to my view of the subject, the different forms of insanity, I now come to speak of symptoms; and I decline the usual classification, founded on the external manifestations of insanity,—the kind of delirium or incoherence,—or the morbid impressions physical or mental,—not only because such a classification, as all experienced in the disease well know, admits—even in the same individual—neither of order nor limit; but because, I submit, upon such classification, no useful plan of treatment, medical or even moral, can be founded.

Whether this opinion be worthy of adoption, it is

not for me to say, but, as it appears to me correct, I act upon it.

With a view to treatment, therefore, I divide the symptoms of insanity into premonitory and proximate; or into those which precede, and those which constitute the disease. Of these, the most important—because directing our attention to that period when the disease, in the majority of cases, is curable—are the premonitory.

The premonitory symptoms may be divided into two classes, viz., those evincing a predisposition to mania, and those characterizing its approach.

In the former class, we have, hereditary tendency —great natural timidity—a disposition to view all the occurrences of life through an exaggerated medium, leading, of course, to unwarrantable depression and equal elevation, from slight and insufficient causes—a highly sensitive or quick and delicate feeling.

In the second class, or those symptoms portending the approach of insanity, stands first insomnia, or indisposition to sleep; restlessness; unusual irritability and excitability, with angry feelings and

expressions, without sufficient cause; the abandonment of former habits; evident inability to follow any fixed or usual pursuit; suspicion, and an unfounded dread of evil; avoidance of society; occasional self-colloquy; a watchful, yet averted eye.

This combination of symptoms is not, however, immediate. At first, a change is noticed in the manners and habits of the individual, which scarcely calls attention; it is felt, rather than observed, and seldom elicits—at least from the friends—further remark, than that their friend or relative is, somehow or other, very much altered lately; but without the most distant idea of the nature of the alteration. Gradually this alteration becomes more evident; some or all of the symptoms above enumerated are observed; the sufferer is impatient of contradiction or control; he views every act and word through a jaundiced medium; he suspects all around him; resists all efforts to pacify him;—daily, more and more he develops his true feelings; the caution which for a time has restrained him, gradually diminishes; he takes less

and less care to conceal his opinions and impulses, —till, at length, the change becoming too evident to admit of doubt, the relatives or friends interfere,— the individual feels himself, as it were, detected; and, confident in the truth and justice of his opinions, he no longer hides but defends them.

Nothing, it will be evident, can be more difficult, nothing requires such extensive experience; nothing—though I do not much like the expression—more tact in the medical attendant, than well and clearly to form, in the incipient stages of insanity, a just diagnosis; to detect the true import of those insidious symptoms warning the approach of the disease; to see in them the germ of coming evil; to treat them as the avant couriers of approaching mania, instead of viewing them simply with reference to themselves, as indicating derangement of the general system, but unconnected with concomitant changes, gradually advancing in the manner, appearance, and habits of the patient.

It is also to be observed, that, whatever form insanity may afterwards assume, in its approach, it is almost always accompanied by derangement of

the general health. The secretions and excretions are alike unhealthy; — we have a loaded tongue, and an irregular circulation. The pulse is various: sometimes quick, small, and jerking, but easily compressible; sometimes it is full, hard and bounding; not, however, always corresponding with the degree of cerebral excitement.

The proximate symptoms, which, in fact, constitute the disease itself, comprehend all those variations in manner, habits, speech, and conduct, which, partially or entirely, render the individual unfit or unsafe for association with his fellow men; or incapacitate him from observing the ordinances of society, or properly performing the duties devolving upon him, as a member of it.

The proximate symptoms may be divided into latent and evident; or, those which require a certain chain of thought to be produced, a certain point to be touched, to make them apparent; and those which are constantly, or at least generally present, which are evident to all, and which require no previous remarks to draw them forth.

The latent, then, is that division of the proximate symptoms, comprehending those concealed impulses and motives, which lead to irregularity of manner, speech, and conduct.

The evident, is that division of the proximate symptoms, which comprehends the results of such impulses and motives; involving the departure from all or some of the obligations, restraints, and rules, which are recognized and enforced by society, and the commission of acts or utterance of expressions, at variance with, and offensive to, the common and received opinions and customs of mankind.

Having endeavoured to point out the means by which we are to discover the approach, as well as development of insanity, our next step is to direct attention to those diseases which, in some of their symptoms, resemble it, and which may lead the inexperienced to a false judgment.

The disease most likely to be confounded with insanity is delirium tremens; but the bustling, agitated manner, the intense expression of anxiety —generally about matters of business—the unequal enunciation, the tremulous tongue, and

the shaking frame, supported by the fact of the the attack having succeeded a fit of hard drinking, are ample for the purpose of right judgment.

Hypochondriasis is, in fact, a modified form of insanity, of the symptomatic kind; and the contrast, usually drawn between it and melancholia, is a distinction without a difference — the difference being, I submit, merely in degree.

Hypochondriasis is the effect of dyspepsia upon a mind predisposed to insanity; and, when it assumes an aggravated form, it as often becomes characterised by noise and violence, as by depression of spirits or disposition to suicide. Our judgment, in these cases, ought to be guided by the effect upon the manners and conduct of the individual. The hypochondriac, equally as the melancholic, is a prey to delusion; and the full conviction, that such delusion renders the sufferer dangerous or injurious to himself, his friends, or society, is the only warrant, which can justify our assenting to interference with his liberty.

Hysteria, in some of its forms, resembles insanity. There are, indeed, some cases of hysteria, which

present little or nothing of the hysteric character, and yet are purely so; and, in these cases, the diagnosis is not so easy as we might wish, considering the nature of the responsibility. In the absence of the hysterical paroxysm—which, in difficult cases, for hours we may wait for without witnessing—the symptoms, which best mark the distinction between hysteria and mania, are, the variableness and incongruity of the symptoms in hysteria; the peculiar coating of the tongue—something like the silver paper covering a macaroon when cracked; the low muttering delirium; the closed eyes; the peculiar, subdued, and hardly visible smile, sometimes observed creeping, as it were, over the countenance; above all, tranquil sleep succeeding—generally about the evening.

These distinctions might be sufficient; but there is one other, more certain than any, but which experience alone can appreciate, and that is, the general appearance of the patient.

Chorea could only deceive the ignorant and inexperienced.

Insanity may be distinguished from the delirium

of phrenitis, by the absence of fever in the former, and the state of the pulse, tongue, and surface; all of which, in phrenitis, mark increased action in the circulating system, as well as great functional disturbance.

At the same time we must not forget, that that form of symptomatic mania, accompanied by increased circulation through, or congestion in, the vessels of the brain or its membranes, not only resembles Phrenitis, but very often ends in it. In such cases, we can only become acquainted with the true state of our patient, when, simultaneously with the removal of the functional derangement, subside also the maniacal symptoms.

If, however, we see the case in its commencement, we ought to have no doubt as to the character of the approaching evil; and, if our measures be prompt and active, in this stage the mischief may generally be arrested.

The delirium of fever, and that often present in the last stage of phthisis, is attended, in each, by concomitant symptoms sufficiently marking its origin.

The diagnosis, therefore, in insanity is easy enough. The difficulty, and I may justly add, danger, the medical man has to encounter, is not the confounding one disease with another, but assuming the existence of insanity on - *apparently*— insufficient grounds. I use the term advisedly, for it is not necessary that he should be wrong, in order to be censured.

The unhappy object of the opinion, naturally, is ever earnest in condemning all whom he thinks accessory to the interference with his liberty; and in doubtful cases, from feelings of sympathy, the public generally take part with the complainant.

It is true, every one, medical or not, notices and can appreciate, marked peculiarity of manner, speech, and conduct. We can measure it by the test of conventional agreement, fixed on by society, for the regulation and general weal of its members.

All are alive to those irregularities, betraying in themselves a breach of the rules, orders, and decencies of society.

But there are cases of insanity—frequently too of the most dangerous character—in which the

individual, notwithstanding the strongest circumstantial evidence of inconsistency of conduct, and even violence, is, nevertheless, when questioned, so coherent in his answers, so guarded in manner, so acute in argument, so abounding in expedients, and so alive to circumstances, that it is as difficult to convince the public of his insanity, as it is to satisfy the unfortunate object himself, that his conduct is irregular, and his opinions and decisions at variance with facts.

It is sufficiently clear, that in these kind of cases, the medical man has a most onerous, as well as thankless duty to perform; for, should he, from fear of public opinion, or from want of confidence in his own judgment, pronounce the individual sane, and any subsequent act of fatal violence ensue,—assisted by the event, all become clear-sighted, all perceive at once, the impropriety of the person being at large,—all, in short, join in condemning the medical man. If, on the other hand, a doubtful case become the subject of legal inquiry, and the opinion, previously given and still entertained, be dissented from by the jury,

and a verdict given accordingly, unworthy motives are immediately attributed to all concerned; and every invective employed, which such motives would deserve. This, evidently, is not an healthy state of things; and hence the evil and dissatisfaction constantly arising.

The opinion of any two individuals, whatever be their experience, is insufficient to reconcile the public mind to interference with liberty, in cases of doubtful insanity.*

Neither is the guarantee of the Commissioners, against improperly prolonged confinement, satisfactory to those, who are unacquainted with the truly conscientious and able manner in which they perform their duty.

It is not, however, even the assumed want of efficiency on the part of the Commissioners, or

* The confinement of private patients rests upon the authority of two medical certificates, and the next of kin. For pauper patients, the authority of a medical man, and, either a single magistrate, or two magistrates, — or the authority of the overseer and officiating clergyman, supported by the medical certificate, is necessary.

visitors, which renders legislation necessary ; but that the circumstances under which they act, give the public an idea of secrecy, incompatible with justice. To satisfy the public mind, nothing short of a public ordeal, will be sufficient.

So far, I hope, this digression may be pardoned, from the evident resemblance in consequences, between a wrong diagnosis, and a wrong judgment as to the existence of insanity at all. But the same excuse could neither be pleaded nor admitted, were I, in this place, to pursue the subject. As, however, there are some points connected with the law of lunacy, besides personal liberty, which I am anxious to touch upon, I shall recur to the subject, when I have finished my remarks on treatment.

CHAPTER IV.

EXCITING CAUSES.

NEXT we come to speak of those influences, which, acting upon a mind predisposed to insanity, are calculated to call it into action. These, the exciting causes of insanity, may be divided into mental and physical; or those causes which act upon the mind, independent of function; and those apparently affecting it, through irregularity or disturbance of function.

The first division of these causes, viz, the mental, are, all circumstances powerfully calling into action the passions or emotions of the mind, in an individual already predisposed; as politics, religious fanaticism, sudden change of condition, wounded pride, &c.

The second division, or physical, comprehend, immoderate indulgence of any kind; suppression of accustomed evacuations or secretions—preternatural as well as natural; undue exercise, whether of mind or body; any cause capable of deranging the general health, or disordering the digestive function; injuries of the head; affections of the brain, occasionally following severe attacks of fever of the typhoid kind; exposure to the direct rays of the sun; recession of cutaneous affections; sudden cessation of rheumatism; determination of blood to the head; and lastly, apoplexy;—*the predisposition to insanity being present.*

CHAPTER V.

CRIMINAL INSANITY.

BEFORE we proceed to speak of treatment, there is one subject, viz., criminal insanity, which, although more properly belonging to the writer on medical jurisprudence, from the universal interest which it excites, and its intimate connexion with the happiness and safety of all classes of society, I cannot close this part of my subject, without adverting to.

It is not my province, neither is it my intention, to discuss the effect upon society at large, necessarily resulting from the improper exercise of the privilege of pleading insanity as an excuse for crime; nor how far, considered as an additional

chance of escaping punishment, it may encourage crime, and that, too, of the deepest die; but, alive, as every member of society must be, to the baneful consequences attending the reception of such a plea, except upon the most satisfactory evidence, I may, I hope, be excused a few remarks, which seem to me to bear upon the subject, and which, I submit, might assist the investigation, how far the criminal, trusting to the plea of insanity for immunity from punishment, is or not entitled to its benefit.

As regards acts, nothing is more easily feigned than insanity; for, so various are its phases, that it is no easy matter, even for the experienced, to decide, where eccentricity ends and insanity begins.

It is not therefore a few, nor even a succession of eccentric acts, that ought to be allowed as proof of the existence of that state of mind, which destroys the power of self-control, and relieves the individual from his responsibility, as a free and accountable being.

To adopt the principle, by some advocated, that, in certain cases, the act alone is proof of insanity, would offer an immunity for crime, calculated to shake the very basis of society; since

upon such a principle, the inference is forced upon us, that the more dreadful the crime the stronger evidence it affords of infirmity of mind, and the more convincing is the conclusion, that no man in his senses could have committed it.

The same individual, who would have passed through life unobnoxious and unnoticed, by one act of violence becomes an object of attention. His friends, anxious to save him from the consequences, and themselves from the disgrace, review with deep anxiety his past life, in the natural hope of drawing from it, some explanation and excuse for his crime. Every previous act, which in its occurrence, excited neither anxiety nor alarm, is examined and discussed. One only object in view, one animus exciting, each fact is tinctured by preconceptions. The object wished is first assumed, and facts are sought to justify it. All in favour are adopted, all in contradiction rejected; and not unfrequently it has happened, that evidence has been admitted as establishing the plea of insanity, which, as regarded the same individual under different circumstances, would have been condemned, and justly too, as wholly insufficient.

Something, then, more than mere facts is wanting, to excuse and account for that irresistible impulse, capable of forcing the individual into the commission of acts, involving the interest, security, or life of his fellow-beings.

Acts are of no weight, unless taken and viewed in conjunction with the countenance and general demeanour of the individual.

Acts as before observed may be committed, eccentricity of conduct assumed, with an object,—not so manner, that is inherent; and the very effort to be artificial carries with it its own detection, by the absence of those concomitant circumstances, which mark the true lunatic. The question then is, what is the nature of that peculiarity of manner and appearance; what, in short, the symptoms, which constitute those concomitant circumstances marking the true lunatic, and without which, acts, however eccentric, are insufficient to establish the plea of insanity? My answer is,—in the really insane the general expression of countenance is peculiar; there is a want of fixity in the features; there is frequently a slight spasmodic action about the corners of the mouth,

or some other part of the countenance; there is an impatience of manner; a disposition to be constantly talking, together with an unusual volubility of speech; or we observe an unusual and determined sullenness; the hands are often tremulous; the pulse is seldom natural—generally quick, small, and easily compressible—sometimes it is preternaturally slow, and felt with difficulty. Inflexible persistence in their opinions, is always to be observed. Cunning without caution is another constant characteristic: the really insane cannot properly appreciate circumstances: though frequently so clever in argument, you cannot make them know their own interest, or induce them to view any particular assertion or act—in itself palpably confirmatory of their state—as calculated to produce the very impression, they are most anxious to anticipate and remove.

Again, they are incapable of continued attention to any supplied subject. An insane person—of course I mean one likely to become the object of such an inquiry—will generally, at first, carry on a conversation rationally; but after a time—longer or shorter according to the degree of subversion of the

mental powers—the mind seems to lose its self-command, and he almost invariably breaks down. This is also apparent in the letters of an insane person: they generally become incoherent towards the end.

The mind of the insane is, in fact, so intensely occupied with its own thoughts, that they speak and write like a person asleep. They are, in truth, thinking of one thing, and talking or writing about another. It is, not, however, I submit, as by some contended, a *lesion* of the faculty of attention, but that the attention is diverted by a train of thought, wholly foreign to the subject spoken or written upon.

Is it not the commonest thing in the world for a sane person, as an apology for an inconsistent answer, to say, I was thinking of something else? With the sane this is accidental, with the insane habitual. The lunatic is always occupied with his own thoughts, and only for a moment, or a short period, can you divert his attention.

In judging of the state of mind, therefore, of a person pleading insanity, it is our duty, amongst

other things, to convince ourselves, whether the individual can, at pleasure, not merely direct, but, for a period, continue to direct his thoughts to subjects extraneous to himself, and emanating from others; and we should always recollect, that, as this state of mind is easily assumed, we must so time our conversation, as not to betray our object, should imposition be intended.

Again—in some the eye is restless, and appears to avoid the person confronting them. Many, on the contrary, fix the person addressing them, by a constant but peculiar gaze—as though they would say, I see what you want, but you shall discover nothing; you shall not look me down. The gaze I allude to, once seen, cannot be forgotten.

There is frequently dilatation of one or both pupils; but this, alone, is nothing, as it is witnessed in many others besides the insane.

The glassy appearance of the eye, so commonly spoken of, may be noticed in others as well as the insane. Generally speaking, it is present, but in many cases is wanting; and in some wholly incurable cases there is nothing peculiar either in eye or

countenance, except what imagination furnishes: but these cases are, in other respects, too well marked to be mistaken by any one.

CHAPTER VI.

TREATMENT.

As a prefatory remark to speaking of treatment, I would wish to impress upon the minds of my readers the fact, too often lost sight of, that insanity, generally speaking, in its early stages is a curable disease; that the first period of its approach is the time when treatment is most effective, and that the want of proper management at this critical moment, and, as is too often the case, the total absence of medical treatment, constitute the true cause of that great proportion of incurable cases, which has made insanity the opprobrium of medicine.

Other diseases are met by prompt and skilful

treatment, the result of study and experience. Insanity alone is neglected.

Not only do the general, but many even of the medical public, encourage the opinion, that in insanity there is nothing to learn, that experience is useless, and that an acquaintance with other branches of medical science, is quite sufficient to qualify the practitioner for performance of his duty in this.

The treatment of insanity, from the very nature of the affection, classes itself under two distinct heads,—Medical and Moral.

In laying down a plan for the medical treatment of the insane, it should always be borne in mind, that, in the majority of cases, we have difficulties to encounter, not present where the mind is perfect.

Not only are generally closed against us, all the usual sources of information; but, having formed our judgment and decided upon our plan of treatment, we have still, with few exceptions, to overcome

the difficulty of determined opposition to the administration of remedies.

Nothing is more easy than to prescribe; the difficulty is to insure compliance with our prescription; and this difficulty contracts within narrow limits our list of remedies. Still, there remain to us ample means, if judiciously employed, of answering every useful indication.

The first thing to be done in the treatment of the insane, is to qualify, as far as possible, the predisposing, and to remove the exciting causes; after which, the course to be pursued must be regulated by the character which the individual case assumes.

The arrangement previously adopted, in speaking of the different forms of insanity, I shall also adopt in my suggestions for treatment.

First, then, of pure idiopathic mania, or that form of the disease in which the vital and animal functions are healthily performed,—the patient, at the same time, labouring under some particular delusion, inconsistency of conduct, or general incoherence, accompanied by altered habits and manner.

As regards treatment in pure idiopathic mania,

there is little to be done, beyond an occasional dose of opening medicine. No more, in fact, is necessary, than to meet, by appropriate medicines, any accidental illness to which this class of the insane, in common with their fellow beings, are liable to.

To prescribe for the mind, whilst its real nature remains a mystery, is to prescribe for a phantom. As well might the mechanic attempt to regulate the multifarious operations dependent upon the agency of steam, by abstract discussion upon its nature, or to repair a fractured wheel, by directing his attention to the power that gave it motion, as for us to expect a successful result from remedies, applied to an object, the true nature and character of which we are wholly ignorant of; or of which, at least, we can only judge in its developments.

So long as we have derangement of the general health, impairment of function, or lesion of an organ,—so long will the medical man understand his duty and apply his remedies; but, whatever be the state of the mind—with a steady pulse, a clean tongue, equal circulation, natural appetite, and refreshing sleep—subject only to those variations

all, alike, are exposed to—medical treatment can, to say the least of it, be but experimental; and as the unhappy lunatic is never, or at least very seldom, a consenting party, experiments, which involve suffering—made too, as is the frequently the case, without any definite object—are not merely empirical but cruel.

It might be said—then where is the necessity of confining this class, at least, of the insane to medical men? Why, for this surely all-sufficient reason,—that none but medical men, and those too experienced in the disease, can form a correct opinion when medical aid is required, and when not; and moreover, the insane being, equally as the sane, subject to "the common ills that flesh is heir to;" but not, as the latter, capable or willing, generally speaking, to make known their sufferings, that person alone is fit to superintend them, who, having made insanity his study, is able, by habit and experience, without those aids which sanity supplies, to detect their malady; and, having detected it, to supply the required remedies for its removal. It is quite evident, then, that a perfect knowledge of medicine, as well

as experience in the management of the insane, is alike necessary, efficiently to perform this work of humanity; and, therefore, that none but a medical man is qualified for it.

As regards symptomatic mania, or insanity accompanied by derangement of the general health—evinced by a morbid state of the secretions and excretions—or, when accompanied by increased circulation through, or congestion in, the brain or its membranes, or by interruption or impairment of function, *without actual disease of any organ*, medical treatment is clearly indicated and always beneficial.

Bearing in mind the difficulties in treating the insane, previously alluded to, and with reference to which the experienced man will always prescribe,—well knowing that however judicious his prescription, it is useless unless it can be complied with—the medical treatment of symptomatic mania is governed by the same general rules, which guide us in the treatment of similar impairment of health or interruption of function, occurring in a sane person.

The medical treatment of organic mania, or that

form of insanity accompanied by disease of the brain or some other internal organ, rests upon the same rules and principles, subject to the difficulties before alluded to, as guide us in the treatment of the same diseases occurring in the sane.

Though unnecessary, as regards my medical readers—still, in the hope that the caution may not be without its use, I am anxious to draw attention to the fact, that, with respect to disease of the brain, prevention must be our chief object; for, lesion once produced, our efforts may prolong life, but they cannot make that life valuable.

Attention to premonitory symptoms, therefore, is of the highest importance, and decisive treatment imperative.

Any alteration in the manner, disposition, or habits of a person, accompanied by loss of rest and an uneasy sensation or pain about the head, demands attention; but if, in addition to the above symptoms, or even alone, we observe an alteration in the character of the countenance, evidently beyond the control of the individual, a thickness of speech, dropping of an eye-lid, spasmodic action about the

mouth, or fatuous appearance of the countenance,—an inability to thrust out the tongue—to say nothing of the more marked warning given by loss of muscular power in any of the extremities—our utmost attention and promptest treatment is demanded; and the medical attendant, if he feel a doubt as to the correctness of his opinion, ought to give his patient the benefit of it: for even though the abstraction of blood be unnecessary, no kind of evil can possibly result; but if it be omitted, and the opinion prove incorrect, the consequence is fatal: for what can compensate loss of mind, or a palsied limb?

The right treatment, then, is to avert the threatened evil, not to meet it; and many, if not most of the cases of apoplexy, and, of course, the mischiefs resulting, might be prevented, were attention given to premonitory symptoms.

Bleeding and antiphlogistic measures afford the only security. Unhappily there is an idea that bleeding is improper, because it may become a habit. But surely this is false reasoning, since in order to avoid the habit, paralysis, and even death, is so

frequently the sacrifice. Bleeding without an object all must condemn ; but where symptoms indicative of approaching apoplexy and its occasional consequence, insanity, seem to threaten, it must be far preferable that we should incur the habit, than expose our patient to the consequence of an incorrect opinion : if we doubt, I submit we should bleed.

Organic disease of the brain once established, our measures can only be palliative. We must watch and meet symptoms as they arise. Our success will of course depend upon the nature and extent of the local mischief, and our prognosis must be regulated accordingly.

If there be organic disease of the brain, paralysis and apoplexy, sooner or later, are the invariable results.

Idiotcy often follows disease of the brain, but is not the necessary consequence of it.

We must not confound disease of the brain with increase, interruption, or congestion of the circulation through it. The former is sooner or later fatal; the latter, promptly met by proper treatment, is

curable; and the mental affection, if any, is removed at once, or gradually subsides.

Whatever is calculated to interfere with the circulation, or to destroy its equilibrium—in persons having a predisposition to determination of blood to the brain—is capable of producing mischief, and ought to be avoided. Everything likely to occasion hurried respiration should be avoided. We should also bear in mind, that distention of the stomach, from whatever cause, interrupts circulation, by mechanically pressing upon the lungs and larger vessels, and impeding the return of blood from the head and upper parts of the body.

Excessive indulgence either in eating or drinking is dangerous. All drinks containing carbonic acid are bad, because they distend the stomach, and, in most persons, interrupt digestion.

Paralysis, if not extensive, will sometimes be recovered from spontaneously, where the treatment has been previously active. In fact, depending, as it does, upon the degree of mischief produced in the brain, the consequence of the apoplectic attack will, speaking generally, be serious or slight, in proportion

as assistance at the time has been or not early and effective.

Paralysis once fully established, in the majority of cases, nothing can be done; since the only medicines to be relied upon, and which, even in the sane, are of uncertain effect, are of a character forbidding their use where the patient is either unable or unwilling to describe his feelings.

Having given this outline of the medical treatment of the insane, as far as such treatment is regulated by the same principles which guide us in the treatment of the sane, it is necessary now to point out in what respect the modes of treatment differ, the difficulties to be encountered in consequence, and lastly, the remedies at the same time manageable and efficacious.

The medical treatment, as compared with the sane, differs in this, that, whereas, in the sane, having formed our judgment, the means of carrying it out are ample; in the insane, not only under circumstances of great difficulty do we come to our decision, but, having determined upon our treatment, the mode of carrying it into effect must

depend upon the peculiar state of mind of the patient; and the agents we employ must be such as can be exhibited.

There is generally a redeeming feature in every case;—the violent may be cleanly; the uncleanly quiet and good-tempered; the sullen manageable; the melancholic not suicidal, &c.; or, in each or any of them, a readiness to take medicine may be evinced.

But, with every possible modification, the medical man's duty, as regards the insane, is very different and far more irksome, than that for which he is called upon, in his treatment of the sane.

It is not one, nor two visits daily, in troublesome cases that will be sufficient. If he would really do his duty, the medical man must, himself, see that his directions are carried into effect, and, till he is satisfied of this fact, his work is unperformed.

For the sane we prescribe with a fair chance of our prescription being followed, and our medicines taken. With the insane, when we leave our patient, we remove, perhaps, the only person who has over him, the slightest influence.

Again, the sane are equally anxious as we are, that they should get well; whereas, the insane either will not admit the necessity of remedies at all, or they refuse them, under the conviction, that all done is only to work their annoyance and injury.

Some patients, indeed, are easily prevailed upon to take medicines; but these, of bad cases, form a very small proportion, which I need no further allude to, than to say, that the medical treatment differs in no respect from that required in treating the sane. In these sort of cases, I can imagine that the prescriptions, we occasionally see mentioned as having been highly useful, may have been complied with; but, as regards the majority, those, in fact, constituting the real difficulties attending the treatment of the insane, who deny the necessity for remedies of any kind, and by every means in their power resist them; that such as these could be induced to take medicines, large in bulk, nauseous in taste, and frequently to be exhibited, no evidence but that of the writer having, himself, given them, would make me believe. In short, the medical

attendant, unless by experience he knows the difficulties, prescribes without reference to them; and often has a remedy had credit for a favourable result, when such result has been concomitant, not consequential—the medicine in truth never having been given.

It stands to reason, such difficulties are to be met only by studying each individual case; and, therefore, that experience alone will enable us to do our duty. All that can be said, by way of direction, is, that we must so prescribe, that the medicine, both in bulk and taste, shall be as little as possible offensive; and we should lay it down as a rule, never, if we can possibly avoid it, to resort to the common, but most objectionable plan, of putting the medicine into the food, except in cases where the mind is quite or nearly gone. It may not be out of place here to observe, though I shall again have to refer to the subject, in speaking of moral management, that deception, so frequently practised towards the insane, is one of the most mistaken and injurious principles ever acted upon. In short, I should submit, as an axiom, that the insane ought

never to be deceived; for, being constantly suspicious, if they detect deception, they lose at once that confidence in us, and that good opinion of our intentions towards them, so especially necessary in their treatment, and so highly influential in rendering the troublesome orderly and the violent manageable.

As all know, the treatment in acute diseases, is, happily, simple and well defined.

In these sort of cases our remedies are few and active; and when they fail, the more elaborate prescription generally fails too.

There are many persons, it is true, who would think themselves hardly used, were they not permitted to swallow a certain number of draughts, &c. each day,—who would consider their medical attendant was ignorant of his duty, as he certainly would, in their case, be regardless of his interest, were he to advise them against this foolish prejudice,—who would grumble, too, at the fair remuneration, due as the reward of a sound judgment, and an active and judicious treatment, unless that remuneration were based upon the quantity of use-

less drugs they had swallowed. With such sort of patients, in the present instance, we have nothing to do, and therefore regret the less the limitation of our resources. As regards the insane, we have the opposite evil to contend with, viz., the determined opposition, in most cases, to remedies of every kind.

Providentially, however, it happens, that the most powerful agents are also, medically, the most efficacious; and though in insanity the range of useful prescription is confined, still the remedial means we do possess, aided by experience in their employment, are quite sufficient for every useful purpose.

As regards medical treatment, the indications to be answered in the diseases accompanying insanity, are the same as in similar diseases occurring in persons of sound mind. Except, that, in insanity, not only must we depend, in great measure, upon our own unaided judgment, as to the nature and state of the disease; but we must so select our remedies, and so choose our mode of exhibition, as to insure the expected result, without consulting the will of our patient; and, as the difficulties to be

overcome, are always regulated by the form of the maniacal affection, it stands to reason that, to insure success, experience is equally important in this, as in any other branch of medicine.

CHAPTER VII.

CURATIVE AGENTS.

SUBJECT to the obstacles before adverted to, the general means of medical treatment are as follow, viz.

Bleeding — emetics — diaphoretics — cathartics — diuretics — expectorants — emmenagogues — alteratives — sedatives — counter-irritants.

Stimuli { Internal—Tonics.
External—Warm and Cold Baths—Shower-bath—Cold ablution.

Of each of these I shall speak, as regards its applicability in the treatment of symptomatic and organic mania; for, as before observed, in pure

idiopathic mania, or that form of insanity unaccompanied by general or functional derangement, disorder, or disease, no medical treatment can, otherwise than empirically, be employed.

First of bleeding:

This remedy is one of extreme value; and, in its use, we must be governed by the same general principles, which guide us in the treatment of the sane.

It is seldom safe to bleed the insane from the arm, as, however quiet the patient may be at the time, we can never depend upon him.

Large abstractions of blood are injurious, unless justified by inflammation of an organ.

No remedy is good in insanity, the effect of which you cannot judge of, without referring to the patient. Cupping, therefore, is preferable to leeches, because you know your quantity.

Speaking of bleeding, generally, without immediate reference to its employment in insanity, no remedy has experienced greater confliction of opinion. No remedy has, in fact, been more abused

than bleeding; and yet, none is more completely under our control,—none so evident, nor, as I should submit, when judiciously employed, so salutary in its effects.

The objection to its use in the treatment of the insane, rests, as it seems to me, upon the inconsistency of viewing insanity in the abstract as itself an object of treatment, whereas treatment can alone be applicable to the diseases which accompany it; and whether we can or not, trace the cause of aberration of mind, to the existence of any particular bodily derangement, it is quite clear, that part of our duty is to remove it; and if bleeding be admitted applicable for the purpose, in our treatment of the sane, it must be, I contend, equally so, in our treatment of the insane.

Bleeding, however, in insanity, is, as all know, a vexata questio, which no decision of mine would be sufficiently influential to settle; but, as far as individual experience justifies an opinion, I cannot help thinking—such being the principle on which I established my treatment—that, in all cases where

any accustomed evacuation or secretion, suddenly ceases, and, as almost always happens,—particularly in the insane—symptoms of unequal circulation arise, bleeding not only is eminently useful to prevent future evil, but, it has this further recommendation, that we possess no agent, capable in the same time, and with the same certainty, of producing similar effects.*

* As function, of whatever kind, is always attended by increased circulation in the organ, any sudden interruption of function must involve a corresponding change in the circulation; and each organ will be affected according to its sensibility. If, then, any accustomed secretion, or discharge, natural or artificial, suddenly ceases, and symptoms of unequal circulation are observed; as the brain is most sensitive, as well as most easily affected by the presence or absence of its usual supply of blood, so—as we might expect—is it there, that we generally witness the consequences.

EMETICS.

Properly used, emetics are of the first importance in symptomatic mania; and, fortunately, their administration is easy, without having recourse to the objectionable custom of giving them in food. Where the general health is good, and where no other cause for treatment is apparent, than mere noise or violence, the use of so powerful and painful a remedy is seldom justifiable. It is not because a patient is out of temper, or because he may be a little more extravagant than usual, that we are justified in giving an emetic; on the contrary, we ought to witness the existence of symptoms pointing out the propriety of its exhibition, independent of the maniacal affection; we ought to have a flushed countenance, a rapid pulse, a high temperature, a furred tongue, and cold extremities; or at least we ought to suspect constipation, or an over-loaded stomach. To sum up our duty in few words, we are bound to entertain a definite and sufficient object, in the use of this, or any other remedy, before we employ it. To do so, in all cases is imperative; but more particularly as regards the insane;

because, in proportion as the affliction of insanity deprives the individual of his independence, we are bound, in every respect, the more to consult his interest and happiness.

Where, then, there is no other reason beyond mere aberration of mind, loss of temper, or threatened violence, the use of emetics, or any other medicines calculated to produce suffering, can be only looked upon as a punishment; ineffective as a moral agent—empirical as regards medical treatment —and indefensible on every ground.

There is one species of emetic, which by some has been eulogised; but which, whether it be used as a moral or a medical agent, is equally to be condemned; viz., *the swing.**

The swing is a sort of box or chair, made, by the hand or some other force, rapidly to revolve upon its own axis. In this the patient is confined, to prevent his being thrown out, by the influence of the centrifugal force, or his own dislike to remain there.

The swing is a remedy which would be tolerated

* Why called the "swing," having no possible resemblance to anything of the kind, is best known to the inventor.

in no disease but insanity. Unless tried, it is quite impossible to conceive the suffering produced by it.* And why, I would ask, should we have the right to inflict a torture upon the insane, which we dare not attempt in our treatment of others?

The swing is a most barbarous way of giving an emetic. It is harsh in its execution and temporary in its effects; and the opposition made to its use by some patients in the first instance, and by all who know its qualities, afterwards—frequently leading to accident, and always to violence—neutralizes completely any advantage to arise from the temporary quietude it is capable of producing.

If the swing be used merely as a punishment, it is, in severity, far, very far, beyond anything we have the right of inflicting upon the insane; and I may here observe, as a general rule, that harshness or violence, or the use of any remedy, medical or moral, beyond occasional seclusion—of which I thall speak presently—which carries with it the evidence of intended punishment, is not only

* The author speaks confidently from having himself tried it.

injudicious, but has often converted a merely troublesome lunatic into a violent and dangerous one.

CATHARTICS.

As respects the more powerful of these—croton oil for instance—the remarks on emetics equally apply. We ought not to prescribe such medicines without being able to assign to ourselves a sufficient reason, independent of mere aberration of mind.

Where no opposition is made by the patient, the choice of remedies is regulated by the same rules, which guide us in the treatment of the sane. Where there is difficulty in giving opening medicine croton oil is valuable, because its bulk is small, and its operation generally certain; and, should circumstances compel recourse to administration in food, it is not easily discovered.

Calomel is a convenient purgative on account of its being tasteless; but it is not a safe one, unless we can follow it by fluid medicine; for, it very often produces its specific, instead of its purgative effect.

Jalap, being tasteless, is also a useful purgative.

If all our efforts to give medicine fail, we must have recourse to small doses of the antimonii potassio-tartras, which will soon act upon the bowels.

ENEMAS

Are very useful, except they produce, as in some cases, great excitement, when they ought to be omitted.

ALTERATIVES.

When these are required, calomel is not only the best, but it is the most convenient, as regards administration. Mercurial friction may also be employed.

EMMENAGOGUES.

The use of these will be regulated by the nature of the case, and the disposition, on the part of the patient, to comply with our wishes.

SEDATIVES.

Except in cases of insanity, occurring in persons who have been in the habit of drinking freely, and

whose constitutions are shattered, and the whole frame tremulous, sedatives almost invariably do harm; so far from subduing excitement, they increase it. In fact, sedatives with the insane, act generally, if not invariably, as stimulants. They exercise little or no influence over the insomnia of mania, which seems, as it were, a part of the disease, which resists all remedies, and which yields only, when nature, fairly tired out by long exertion, sinks exhausted; or when sleep comes, the harbinger of returning health.

In what dose opium, conium, hyosciamus, &c., might each produce its sedative effect in the delirium of mania, I know not; neither should I dare to press the medicine so far, lest its sedative effects might be fatal.

COUNTER-IRRITANTS.

No set of remedies are more useful in symptomatic and organic mania than these; and fortunately we may make our choice of them.

Setons and issues are useful; but there is one evil attending them, viz., their disposition to heal.

Whenever counter-irritation is established, we should be very careful to keep up the effect, as any material alteration in the discharge, leads to evil.

The cases, in which counter-irritants are more particularly indicated, are those, where evident determination of blood to the brain, warns us of approaching danger; or where mischief has been done to the brain, by a previous attack of apoplexy, and future evil is apprehended. In these cases, as adjuvants to depletion, counter-irritants are of the greatest use.

Also, they are useful in cases of symptomatic mania, where some accustomed evacuation or secretion has suddenly ceased.

INTERNAL STIMULI.

Where there is any excitement about the brain, as far as my experience goes, internal stimuli, of whatever kind, whether diffusible or permanent, are always prejudicial; except in cases the result of constant intoxication, and in which the general health has given way; or in cases suffering from general debility, the result of past illness or mismanagement; or

where, from any cause, the constitution has been broken up.

EXTERNAL STIMULI, VIZ., WARM AND COLD BATHS —SHOWER BATH AND COLD ABLUTION:

Remedies calculated to produce a healthy state of the superficial vessels, by giving them a habit of quick reaction, in those parts distant from the heart, so that the circulation throughout the system, shall be kept in equilibrio: at the same time, by removing impurities, to enable the skin healthily to perform its functions.

When we consider the great extent of the surface of the body, and the myriads of vessels ramifying throughout it, we may easily suppose, that any excess, or deficiency, or irregular distribution of the blood circulating through them, or which ought to do so, must lead to sensations both local and general, at variance with comfort, and incompatible with health; and that such is really the result, little else than our own feelings is necessary to convince us; but, to the medical man no less clear is it, that, from want of power or healthy action in the superficial vessels,

and an imperfect performance of function as regards the skin, arises, if not the actual cause, at least the aggravation of every disorder and disease affecting the general system.

In no persons (except the pure idiopathic cases) is the circulation more unequal than in the insane. In none is it of more importance to preserve its equilibrium, and to produce and maintain a healthy and vigorous action in the superficial vessels.

Our object, then, is to give a healthy tone to the surface, and a power of quick reaction to the vessels ramifying through and opening upon it—particularly to those vessels at a distance from the heart; so that by a habit of quick reaction, obtained under circumstances that we can control, they may spontaneously exert that power, under circumstances which we cannot control, and thus secure an equal and healthy circulation. The most powerful agent by which we may hope to answer these indications is the application of cold water to the surface. The modes of doing this are various, and the question is, which of them is, in every respect, best calculated to effect our object. As a preparatory step to the use

of cold water to the surface, the warm-bath is an indispensable requisite, as in cleansing the surface it opens the pores, thereby rendering the skin better able to perform its functions, and more alive to the action of external stimuli.

THE COLD PLUNGE-BATH

May be serviceable where all the organs are healthy; but such a state is absolutely required to be present, and should be ascertained, in order that its use may be free from danger.

THE SURPRISE-BATH

Is a cruel experiment, much more likely to do harm than good; though, I am aware, cases of recovery are recorded as following it. The failures, of course, are not noticed.

THE SHOWER-BATH,

The remedy most commonly in use, in its effects, varies little from the plunge-bath; except that the shock is even greater. To both these, particularly the latter, I submit, there are great objections; and

that all the advantages, with none of the evils, may be obtained by cold ablution, by means of the sponge or towel.

The shock of the shower-bath has no influence as a curative measure; but it is calculated to do great mischief, where there is the least unsoundness of any internal organ, or a disposition to determination of blood to the brain.

Having spoken thus disparagingly of a remedy, by many approved, it is necessary to give the reasons which guide me in this view of it.

In investigating the supposed efficiency or inefficiency of a remedy, the first step is to ascertain the effect it produces upon the system in its use or application.

First, then, let us inquire, generally, what are the results of the application of cold water to the surface, by means of the shower-bath.

The shock of the shower-bath produces immediate constriction of the superficial vessels. The blood is driven suddenly from the surface; and all the internal organs receive a greater supply, than, under ordinary circumstances, they are in the habit of, or

for any length of time—without mischief—are capable of carrying. This being a state inconsistent with health, the heart exerts itself to the utmost to drive the blood to the surface. A deep and involuntary inspiration is made, to facilitate the passage of the increased volume through the lungs; and, if all the organs be healthy, reaction is effected and danger removed. But, suppose an organ to be labouring under disease,—the brain for instance—suppose partial ossification of its vessels, or a tendency to apoplexy to exist,—inclosed, as the brain is, in an inelastic case, the sudden rush of blood, if not carried off immediately, must produce congestion ; and, according to its degree, pressure. Undue pressure once established, the energy of the brain is impaired, life is suspended, and, if the pressure be not removed, ceases. Or, supposing one or more of the overloaded vessels give way, blood is extravasated, and death immediate.*

The sudden rush of blood to the lungs or liver,

* The author has known apoplexy occur, within twelve hours after using the shower-bath, where no such result was contemplated.

should either of those organs be in an unhealthy state,—particularly in case of tubercles,—is equally calculated to do mischief.

Now as we cannot, as regards the insane at least, be always certain, that the brain and other internal organs are in a state of health, the shower-bath, if capable of producing such effects as those above stated, must be a dangerous remedy.

But allowing, merely for the sake of argument, that the shower-bath is a safe remedy, it is still objectionable for the following reasons:—

1st. If our object be to diminish action in the brain, it cannot be suitable: since the shock drives the blood from the surface to the interior, and the brain, as well as other internal organs, gets its share.

2ndly. If it be used for the purpose of cooling the surface of the head, it is wholly inapplicable; its effect, in this respect, being momentary, and, in its eventual results, being calculated, not to subdue, but to increase vascular action.

3rdly. If it be used to promote a habit of reaction in the superficial vessels, it is inferior to cold spong-

ing; for, our object being to give tone, and at the same time a habit of quick reaction to the vessels of the surface—especially in those parts where the blood has to rise against gravitation—the means, which effect our purpose with the least disturbance of internal organs, must be the safest; and that mode of operating the most effectual, for the purpose we have in view, which enables us to apply the water, first to those parts where the circulation is most languid, ending with those where it is least defective: so that—the drying process following the same order—reaction, and what is more, the habit of it, may be first established where most required: viz. in those parts furthest from the circulating centre.

At first, the temperature of the water ought to be such, as to produce no marked revulsion—what, in fact, we should call warm water;—gradually lowering the temperature, until it is that of the external air;—and, to be useful, the ablution should be continued winter and summer.

Until the surface is accustomed to the application, a sensation of chill is often felt for some time after

the ablution ; and in this case—to ensure full reaction—in addition to drying the surface, the stimulus of friction is required, by means of a rough towel or the horse-hair glove.

As before observed, the process of friction, as well as drying, ought to follow in the order recommended for sponging, viz., from the lower extremities upwards.

The head ought not to be touched, since there we have always sufficient action.

Now this mode of applying cold water to the surface, may, with perfect ease, be adopted in most cases of insanity ; and will be found, with the occasional use of the warm bath, highly conducive to the improvement of the general health.

REFRIGERANTS.

These are extremely useful as auxiliaries to active treatment, whenever there is heat about the face and scalp, with symptoms of increased action in the brain.

It matters little by what means cold is applied to the head, provided the application be continued,

without intermission, until collapsion of the vessels is decidedly produced. If the application be only at intervals, it becomes a stimulant instead of a sedative—increasing action rather than diminishing it.

Shaving the head is the first means of lowering the temperature of the scalp; and, when the hair is thick, it serves this purpose very effectually. It ought never to be omitted, when there is heat of the scalp and a flushed countenance. In some cases, it is next to impossible to cool the head by other means.

When we can do so, however, we should apply evaporating lotions—spirit of wine one third, and water two thirds, or water alone,—or bladders of ice, or the douche; always bearing in mind, that, whatever be the means chosen, the application must be continued till the head is cool, and the face no longer flushed.

When cold cannot be applied without restraint, the excitement produced by resistance, does more harm than the application, under such circumstances, is likely to do good. In cases of this kind, we must be content with shaving the head, as an adjuvant to depletion.

The medical treatment of epileptics is the same, whether the disease is accompanied by insanity or not; and as they are very ready to submit to remedies, our only regret is, that they are not more successful.

In recent cases, our endeavours to cure are demanded; but, in old cases we only make matters worse; for, in increasing the interval between the fits, we, at the same time, generally increase their intensity.

INTERREGNAL PERIOD.

In curable cases of insanity, after we have used all necessary means for removing bodily derangement, it often happens, that the return of reason does not accompany the return of health; a period intervenes which we may call the interregnal period, when the treatment, with the exception of occasional aperients, is strictly moral.

The commencement of the interregnal perio marked, by the general health improving, the sleep becoming more regular and for longer intervals,

violence subsiding,—and yet no very material change being evident in the state of mind.

It is during this period, that every trial, consistent with safety, should be made, to test the invalid's true state, and to convince ourselves, how far interference with his liberty or wishes is necessary; and our compliance in this respect, ought to keep pace with the degree of trustworthiness he evinces.

It may not be out of place here to notice, that, in the treatment of the insane, there are two opposite principles, each of which is alike capable of benefit and injury, according to the time and manner of its adoption; viz,

MISTRUST AND CONFIDENCE.

The proper moment for regulating our conduct, by one or other of these two, but opposite principles, can only be known by long experience; and most fatal to the individual is an error in the choice; for mistrust, without foundation, or perhaps resulting from one single act of violence, has many a time consigned the poor patient to an

unnecessarily lengthened period of probation; and the latter, the exercise of confidence without judgment, has, not less often, inflicted irreparable injury upon a family and neighbourhood; and, at the same time, been the means of consigning the poor lunatic to endless and hopeless confinement.

The great difficulty is, to decide, when one or other of these two principles, ought to direct our treatment: when and how far, we may confide: when we ought to mistrust: and he who can nearest approach that correctness of judgment, necessary to direct him to a right choice, possesses one of the greatest qualifications for the management of the insane. Our prognosis of the ultimate issue of the case, should be drawn from the nature of the paroxysms, the degree of rationality we observe in the intervals of comparative placidity, and the duration of those intervals; the paroxysms becoming milder; disposition to sleep returning; intervals of rationality being longer and more perfect; countenance becoming more natural; inclination and capability for employment being evinced; and, particularly, any change marking an approach

to the natural character and habits, promise favourably: whilst a sudden and early change for the better—sometimes to perfect sanity—followed by an aggravation of symptoms, foretells a tedious and probably incurable case; or, where the paroxysms return with regularity, that regularity may, and frequently does, go on through life; and the patient is, of course, incurable, though often of sound mind during the intervals.

In forming our opinion we should always recollect, that, whenever disease of the brain accompanies insanity—as in those cases following apoplectic attacks — however favourable the symptoms, we ought to be most guarded in our opinion; since we can hardly answer, from one moment to another, for the continuance of improvement, or even the security of life.

CHAPTER VIII.

MORAL TREATMENT.

We now come to moral treatment, the most important as it is the most difficult; and which, though by many, who never saw an insane patient, so eagerly sought, and so readily undertaken, rests, for its proper exercise, entirely upon observation and experience.

Moral treatment may be defined, the employment of means, best fitted to restore the sufferer to a healthy habit of thought and action.

Every experienced person knows, that moral management is effective or otherwise, according as its basis—classification—is well or ill-chosen.

The chief objects of classification ought to be security and comfort. I therefore found the classi-

fication I am about to suggest, not upon the different forms of insanity, but upon the self-evident principle, of protection to the weak—quiet to the tranquil—comfort and security to all. With this view, I divide the insane into two principal classes; viz.

QUIET AND NOISY.

And I adopt this division,

1st. Because it includes, I think, every possible case; and

2ndly. Because, it is of equal importance in a curative point of view, as it is essential as regards good moral management.

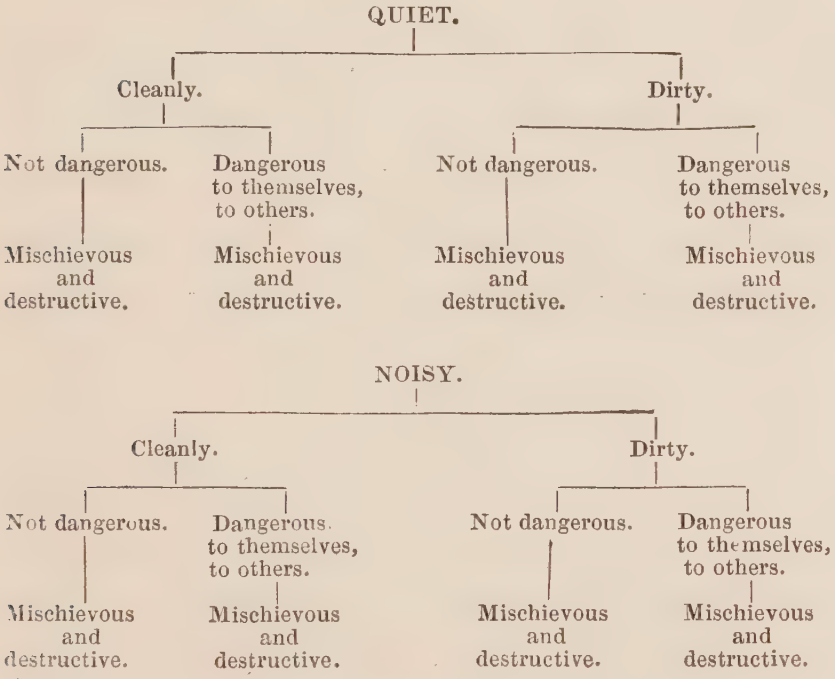
The arrangement, to be perfect, ought to be such, that the noisy may not be heard even by each other; for a single noisy patient will invariably infect the rest; and not only those generally noisy, but even those occasionally—and at that time—quiet, their rest being disturbed, will become noisy.

It is scarcely necessary to remark, that I use the term "quiet," simply in contradistinction to "noisy."

The division into quiet and noisy, leads, of course, to subdivisions; viz,

First into cleanly and dirty; and these again into, patients *not* dangerous either to themselves or others;—and patients dangerous to themselves or to others; and these again into mischievous and destructive.

The following analysis will perhaps make the classification more clear.



For the mischievous and destructive separate galleries ought to be provided. They are indeed common disturbers. They incense the violent, and absolutely persecute the inoffensive; for their destructive and mischievous habits, though fre-

quently all in good humour, are not confined to themselves or the property around them; but they will often destroy the clothes, &c., of their companions: besides which, they are, almost without exception, disposed to appropriate to themselves, whatever they can lay their hands upon. This leads, of course, to quarrels, if nothing worse, and ought therefore to be prevented.

With respect to epileptics: some are subject to furious mania before and after a fit—are easily provoked at all times—and never quite rational. Others are only dangerous when a fit is approaching, being during the interval of convalescence, in possession of their reason.

As a general rule, all epileptics are more or less dangerous when an attack is approachng; and they will, of course, require to be classed, according to the nature of the individual case, and their state at the time,—following the arrangement, as to classification, already proposed.

Having made ourselves acquainted with the habits, character, and disposition of our patient; and, having classed him accordingly, our next step

is to acquire his confidence—a thing more easily approved than achieved. In many cases it is extremely difficult to do this, yet when effected, generally speaking, we may trust them; but there are others, in whom the propensity to falsehood is so great, that, whatever reliance they may seem to have in us, confidence, on our part, is impossible.

So many are the shades of difference between individuals, that it would be very difficult, and at the same time useless, to attempt to lay down rules for the effectual performance of this part of our moral duty.

Success, in acquiring the confidence of our patient, depends entirely upon our ability in reading character; and this is rather a gift than an acquirement; for, though experience may well convince us of its necessity, in the management of the insane, still, I much doubt that even experience will enable us to acquire it.

Our patient's regard for truth we may soon discover.

Next we must make ourselves acquainted with his constitution, that we may know, and apply, the means best fitted to restore the bodily health.

CHAPTER IX.

ASSOCIATION.

We now come to the disputed question, whether the insane are benefited or injured by association with each other. As far as my experience extends, my belief is, that—with the means of perfect classification at command—we may expect the happiest results from it. In speaking thus favourably of association, I would not have my remark understood to extend to association between the sexes; for, although it must be admitted that such association adds much to the cheerfulness of the family circle, still, it involves difficulties—however great the caution—so obvious, that, unless the means of

separation be more perfect than a single roof usually admits of, the propriety of the arrangement may well become a question of deep consideration.

Association offers to all classes equal advantages. All, in turn, may become fit to enjoy it—good behaviour being the sole qualification.

So far from association increasing the malady, it frequently affords us the opportunity of pointing out to a patient, that the inconsistencies, which, as occurring in others, he is so perfectly alive to, are in no respect more irrational than his own opinions and conduct; and that what he considers deserving of ridicule and even censure in another, is, in point of fact, not merely a close portraiture of himself, but, in many points identical.

Again, association not only increases the comforts and amusements of the inmates, but, it is useful in a curative point of view. It affords the means of rewarding good conduct and checking violence; for, the removal of a patient from the society of the orderly—if done with sufficient cause—acts, often, as a moral influence upon his future conduct. It is considered by the inmates an evil and priva-

tion; and, frequently, they will exercise self-control rather than be subject to it. This, of course, is highly beneficial, inasmuch as it calls into exercise, that faculty of the mind, the loss or impairment of which, is the chief cause of irregularity of speech and conduct.

The associated system also calls into play the better feelings. The patient is left as little as possible to himself—every period of improvement is seized—every interval of quietude taken advantage of, to prove to the sufferer, that he is still an object of solicitude. As often, and so long, as his state of mind will admit, he forms part of the social circle; and though excitement may often render removal to another class, and even temporary seclusion necessary; yet, some exceptions admitted, spite of the delusions which drive him from society—spite of his morbid feelings—no one, more than the insane, is capable of appreciating kindness,—none, more than he, would be alive to those attentions and that forbearance, which, unlike the world he has left, soothe his prejudices, wink at his foibles, join with him in his errant

thoughts, treat him in fact like a rational being; and thus, banishing as far as possible all appearance of his true position, lead him to a healthy habit of thought and action; and either lay the ground-work of future recovery, or, at least, materially assist in weaning the sufferer from those regrets and sacrifices his unhappy state has exposed him to.

CHAPTER X.

LOCALITY—ROOMS AND FITTINGS—RESTRAINT.

No system of moral management can be good, which is not founded on classification; and no classification can be perfect, except where the means of accommodating all classes of patients, are, *strictly speaking*, suitable.

It is almost needless to suggest, that the situation should be healthy and cheerful, and the rooms, both day and sleeping, of ordinary size and well ventilated. This is easily accomplished, as regards the orderly and convalescing; but those, who most demand our sympathy and attention, who constitute our difficulties in management, who so often have been the objects of harshness and mistreatment

—are the violent, the mischievous, the helpless, and the dirty.

For such cases, common rooms and bedding are wholly unfitted; and unless rooms, adapted to each particular state, be in readiness, neither can restraint be avoided, nor the proper means of cure or management supplied.

The sleeping rooms for these patients ought to be of convenient size and perfectly secure. The *floor* should be *under-warmed*, and so constructed, as to admit of being readily and effectually cleansed.

The bed should be such as can be removed and another supplied in a few minutes.

Of these rooms there ought to be one in every house—even though there be but a single patient. If the number exceed five, there ought to be two; and, for every additional five, one more; otherwise, a paroxysm occurring, unjustifiable restraint cannot be dispensed with; and, as restraint—*with properly warmed and properly fitted apartments*—in almost ninety-nine cases out of a hundred, is unnecessary, such arrangements ought to be enforced; for, as all know or ought to know, whatever be the present

tranquillity of a patient, a change—frequently sudden—is always possible, and in most cases probable.

I am most anxious to impress upon the minds of my readers, the necessity, that the floors, both of the sleeping and seclusion rooms for bad patients, should be under-warmed; for, as nothing but restraint will keep a patient in bed, when suffering under high excitement, it stands to reason, that, without under-warmth, he must, if at liberty, be exposed to the danger and misery of walking about, or lying, all night, upon a cold, damp, and very often, wet floor—boards being out of the question in these cases—should he, as constantly happens, destroy his bed or refuse to occupy it. It may, therefore, be accepted as a self-evident fact—capable of perfect demonstration—that, unless the floors of, at least, the sleeping-rooms for bad patients, be warm enough to lie and stand upon with impunity, the non-restraint system cannot be carried out, with benefit or even safety to the patient.

The ventilation, too, in these rooms, requires to be freer than in a common-room, and should be therefore of the most perfect kind.

In a curative point of view, the construction of the rooms and beds, for what are called violent patients—which are, more frequently than otherwise, curable ones—is of the utmost importance; and I firmly believe that the want of such arrangements, no less conduces to the increase of incurables, than it most certainly inflicts upon the poor patient, a greater, and unnecessary, degree of suffering.

In commonly fitted rooms, restraint, in case of violence, is inevitable; and, once employed, there is no limit to its use; for, not only must it be sufficient to keep the patient in bed; but it must be so increased, as to prevent him from breaking or dislocating his limbs, in his efforts to free himself; and thus he remains the whole night, and often longer; the attendant being afraid to remove the restraint, lest evil to himself or to the patient should follow. This continued night after night,—the patient generally keeping one position—the sustaining parts soon give way, and then follow those dreadful ulcerations, so frequently terminating in the sacrifice of life.

It might be objected, that, even though the floor

be warm, yet it is hard, and that lying upon it might produce sores. My answer to this is, that so early as the latter end of 1833 straw was banished, and the swing bed and under-warmth—on which I submit the proper exercise of the non-restraint system entirely depends—adopted in the Droitwich Asylum; and from that time, except in old bed-ridden cases, we had not a single excoriation from pressure: the reason for which is, that, though the floor may be hard,—scarcely harder, however, than the oak crib,—the patient being wholly unrestrained, can shift his position at pleasure, and no part of the body, therefore, suffers from lengthened pressure or moisture; besides, when unconstrained, the patient will often choose the bed.

The rooms at the Droitwich Asylum being all under-warmed, a chilled foot or toe was unknown.

With the swing bed and under-warmth, straw is wholly unnecessary; and, as it is both filthy and offensive, its banishment ought to be compulsory.

In concluding this part of my subject, I may, I hope, be permitted to add, as marking more clearly than mere words could do, my favourable opinion of

the non-restraint system—which, as would ap pear by the visitors' reports, since 1833 it had been my most anxious and constant object to advance—that when the Commissioners under the new Act, visited the Droitwich Asylum, wholly without notice, at half-past eleven o'clock A. M., on the 16th of September 1842, there were, out of eighty-six patients, only two—both males—under restraint; one of whom had committed murder, and was, if not restrained, constantly attacking his fellow-patients; and the other, a person equally dangerous and unruly. The restraint was simply the belt and runners. I wish further to observe that although the experience of more than ten years — with, as I have said, the constant object in view, of superseding, as far as possible, the necessity for restraint—does not enable me to agree with those, who maintain that restraint is *never* necessary; still, I feel no hesitation in declaring my belief, that, with proper rooms and fittings, the only plea which can warrant its use, is the personal safety of the lunatic himself, or the absolute necessity of imposing it, to prevent the commission of crime.

CHAPTER XI.

SECLUSION.

The next subject for consideration, is, the substitute for restraint during the day; viz.,

Seclusion. This is a most powerful agent, and ought to be employed with judgment.

Nothing is more likely to confirm insanity, or even, as facts have shown, to produce it, than long seclusion.

Fits of anger and violence must be met by short periods of seclusion; but the confinement should never be prolonged beyond returning calmness, or a promise to forbear similar conduct.

It should always be borne in mind, when a patient seems out of temper, that, whatever the na-

ture of the case, derangement of the general health invariably aggravates it. It is necessary, therefore, if we notice a change, to ascertain whether there be any irregularity in the circulation, or other impairment of function; and, as far as it is in our power, to amend it.

CHAPTER XII.

SUICIDAL CASES.

These are, of all others, the most painful to have charge of

They may be, for the purpose of moral treatment, divided into three classes, viz.

Those bent on destruction by violent means, as hanging, drowning, &c.

Those adopting for the same purpose, the less appalling, but no less certain method, of determined abstinence from food.

Those expressing a disgust of life, but having no fixed purpose.

The suicide choosing violent means, generally,

though not always, makes choice of some particular mode, and that beyond his power, he is comparatively safe; though, of course, not to be trusted. Those who determine upon abstinence for the destruction of life, are never saved, if they once acquire the habit of throwing the food from the stomach, immediately after it has been given. Even if the poor patient retain the food given, it being only fluid, the quantity taken is seldom sufficient to sustain life for any very lengthened period.

When that peculiar fætor from the breath, which nothing in nature resembles, is observed, our efforts are becoming vain; and, were the attempt made to deceive us, as to the length of time a patient had refused food, this, alone, according to its degree, would guide us in our opinion as to the probable result.

It is perceptible between the second and third month, sometimes a little sooner.

The modes of giving food cannot be described with benefit, as they will depend entirely upon the nature of the case. One method, however, I may

mention, as I am not aware of its having been previously adopted; and particularly, as it led to the recovery of the patient.

I suppress the name for obvious reasons, but the history of the case is as follows:

In the year ——, a lady under the author's care entertained the delusion, that she had received a command from the Almighty to destroy herself. At first she attempted mechanical means; but, finding her intentions frustrated by the strict watch kept upon her, as a last resource, she began to refuse her food.

We tried every usual method unsuccessfully; and, amongst the rest, the stomach pump—the latter for the first time, and from the torture it seemed to inflict, for the last. In fact, it never reached the stomach.

Our patient was perfectly conscious of all that passed, and even apologized for the trouble she gave; nevertheless, acting, as she imagined, under the command of the Almighty, she persisted, and seemed to glory in her triumph.

After more than six months' anxious and painful

attendance — the emaciation and weakness daily increasing—convinced that the quantity of food which reached the stomach, being fluid, was quite inadequate for the support of life, I began to lose all hope, when the idea struck me, that the objection to the stomach-pump being the size of the tube, if I could get one of sufficient length, about the size of a goose-quill, as the patient had not hitherto acquired the power of ejecting the food from the stomach, she might yet be saved.

I ordered a tube to be made about three quarters of a yard long, the size of a common catheter, with a cup fixed on the end of it. This tube I passed per nares into the stomach. The cup was then filled, but the soup did not run off; and I concluded that the stomach, falling upon the opening of the tube, which was necessarily small, prevented the fluid passing, and that the attempt would fail. After waiting a few seconds, however, the fluid to our great relief disappeared. In this way a pint of soup was given, and I observed to the lady that having conquered I had now no anxiety. She

evidently believed me; for, the next day she began to take her food—the mere hint of the tube being sufficient. She soon after recovered, and has been ever since perfectly well.

Before quitting this painful subject, I wish to make a few remarks upon the use of the stomach-pump in giving food.

From its size, even where there is but little resistance, or when, enfeebled by long abstinence, the poor sufferer is too weak to resist, the stomach-pump is objectionable; but, when violent opposition is made to its use—the strength as yet unimpaired—it cannot be passed without both suffering and mischief. To be of service, it must be employed at least twice a day, and excoriation, necessarily, is the consequence.

On the other hand, a small tube, such as I have described, may be passed without evil; and, to make it more perfect, a syringe might be affixed, on the principle of the stomach-pump.

It should also be remembered, that the state of our patient, in case of poison, is very different to that of a maniacal patient. In cases of poison,

the powers of life are impaired, and the muscular system comparatively quiescent ; but, in the cases under consideration the very opposite state is present, and the resistance to the passage of the tube proportionate.

In most cases of poisoning, too, we have generally to assist us, an anxiety for success on the part of the patient, equal to our own; whereas, in maniacal abstinence we have to contend against constant and determined opposition.

Again, in cases of poisoning, one operation usually suffices; whereas, in cases of maniacal abstinence, to be of any service, supposing the patient continue obstinate, the tube must be passed twice at least in the day; and this, not for days merely, but for weeks, and perhaps even months.

Those who only occasionally refuse their food, generally yield either to entreaty, or the feeling of hunger, when food is left within their reach : or the mere threat of feeding is efficient.

Patients sometimes refuse their food from fear of

medicine being put into it: this, however, will pass away.

As has been before observed, medicine ought never, if it is possible to avoid it, to be administered in food, except in cases where the mind is quite or nearly gone.

Those merely expressing a wish to die, without any evidence of the will or determination to destroy themselves, require care; but, generally speaking, they get well.

In the majority of suicidal cases, as far as my experience goes, if the prevention be successful, the patient is eventually restored to health, where the case is, in other respects, curable; but, when the determination to destroy life accompanies a gloomy and desponding state of mind, and the *general health is perfect*, all the caution that can be supplied, is, frequently, insufficient to prevent the calamity. Sometimes these kind of patients having tried all other means and failed, will determine upon suicide by abstinence; and when they do so, there is no hope.

The presence of a single attendant in the room of a determined suicide, is, if no other means be used, a very doubtful protection.

During the day it may be sufficient; but, during the night, unless there are two attendants to relieve each other, so that one shall be always on the watch, restraint is necessary.

As to the causes of suicide,—unless we assume that the suicide is, by the very act, without any preceding peculiarity of manner, appearance, or habit, insane,—they are, in point of fact, for our present purpose, the causes predisposing and exciting, of insanity itself.

Everybody knows, that there is scarcely any circumstance, which may not, at one time or other, lead to the commission of suicide; since, it is not so much the importance of the circumstance, as the peculiar view taken of it, which makes it influential.

But in speaking of suicide in connexion with insanity, it seems to be most consistent to consider the state of mind as the cause; and unless insanity, either in its premonitory or proximate form, precede

the act, it is not the province of a writer upon the treatment of insanity to deal with it

Amongst those disposed to injure themselves, also are they, who, with their teeth, inflict wounds, sometimes of a most serious character; or those, who, by constant rubbing or scratching of some particular part, produce a wound. In cases of this kind, common sense, founded on experience, is our only guide for prevention of evil.

These unfortunates form, of course, an exception to the non-restraint system. Happily, however, the disposition, except in some few cases, is temporary.

There are others who, not disposed to injure themselves in any way, take a sort of delight in offering violence to others. In some of these cases, the disposition to violence is so fixed, that no treatment, however kind, checks them, no intreaty influences. Their attendants, but more generally, their fellow patients, are objects of constant attack. These cases are not frequent; but, when they do occur, there is but one alternative—either restraint, or separate rooms and airing grounds.

Seclusion, in these cases, would be far more irksome than restraint—to say nothing of the injurious effect upon the mind, invariably succeeding its long continuance.

CHAPTER XIII.

QUALIFICATIONS AND DUTIES OF ATTENDANTS.

The requisites of an attendant are good temper, patience, forbearance, a cheerful manner, a cleverness in anticipating mischief, and a quick and ready invention, in preventing it; and, not the least of his qualifications are, strength and height, and freedom from all personal peculiarity. The two former are necessary, as discouraging resistance, and the latter, to increase respect.

He should be a good physiognomist—capable of detecting in his patient, the slightest change of manner or appearance.

He should exercise authority with judgment and mildly; and never without sufficient cause.

He should never deceive his patient for any subsequent purpose. What is right, he should calmly, in few words, but with firmness, insist upon.

He should never argue with his patient, except he can do so in perfect good humour; nor should he joke with him, unless he is prepared to submit, good temperedly, to repartee, and, as it may happen, to hear his imperfections exposed, and self-love wounded. As a general rule,—when his patient is out of temper, the less he says the better.

He ought always to avoid interference in trifles: bearing in mind, that the uncalled-for assumption of authority weakens power, and brings the exercise of it into contempt.

His patient ought always to be neat and clean, in person and dress, as far as it is in his power to keep him so.

One part, and an important one, of the duties of an attendant, is, to win the confidence of his patient, to study his disposition, to keep him in good humour with his physician, and, as far as possible, to engage him in some useful or amusing occupation.

The above directions may apply generally, but the duties of an attendant are too numerous and varied to admit of perfect detail.

If these, then, are only the chief duties of an attendant, how mistaken must be the opinion, that he who has to direct, control, and frequently to teach them, needs no other qualification for the task, than the confidence to undertake it.

CHAPTER XIV.

EMPLOYMENT.

In our moral management of the insane, as regards occupation or amusement, we ought to lay down as a rule, that whatever is consistent with the patient's state, and harmless, ought not only to be permitted but encouraged; for whatever is calculated to engage the mind or exercise the body, benefits the general health; and whatever benefits the general health, takes us a step nearer our object—recovery.

The employment or amusement of the insane, though of the utmost importance, is not so easily carried into effect, as at first sight might appear.

Those whom employment would benefit, are, in fact, often, least disposed to comply with our wishes.

Patients will sometimes occupy themselves cheerfully, if they have the opportunity; but it must not be forced upon them: they will do nothing as a task.

In order to be agreeable to them, whether amusement or occupation, they must request it; or, at all events, it must simply be offered for their choice.

Pleasure with the insane, as with the sane, soon loses its interest, and is only an object of desire when apparently withheld. Propose cricket, billiards, &c., and frequently they will choose a walk; and yet, when, for the first time, any of these are spoken of, the greatest anxiety is expressed to be engaged in them.

Females are more easily employed and amused, because their occupations are more sedentary; but even they are very often averse from occupation. Riding or walking is seldom, however, objected to.

There is no reason why the insane, under proper surveillance, should not be allowed to visit places of amusement when they are in a fit state to do so. As I know, by frequently having tried them, they enjoy a play or any sight excessively.

As a general rule, for the occupation and amusement of the insane, I should say there is no amusement or occupation which some of them are not fitted for; and there is no amusement or occupation which, to those who are well enough to enjoy it, ought to be denied.

CHAPTER XV.

PUERPERAL INSANITY.

Of puerperal insanity I speak separately, first, because it is the custom to do so; but, chiefly because it may assist us in treatment, by calling attention more immediately to the physical state of the system, previous to or at the time of its occurrence.

Where there is predisposition and traceable hereditary tendency, insanity may occur, not as the apparent consequence of some interference with the changes and functions called into action during gestation and parturition,—but simply, from the increased excitability of the system at those periods, acting upon a mind previously disposed to insanity;

and our opinion in this respect, will, of course, influence our prognosis.

Generally speaking, however, we are to look to some unusual state of the circulation or irregularity of function, for the cause of the attack; and, in such case, coming under the head of symptomatic insanity, our professional duty is clear, and our prognosis most commonly favourable.

Puerperal insanity may occur at any time between conception and parturition, or during lactation.

The symptoms intimating the approach of puerperal insanity, are the same as those warning the approach of insanity under common circumstances.

In its external character, both as to degree and kind, it varies; sometimes lively, sometimes melancholy—but harmless;—sometimes violent, mischievous, and dangerous.

We must always be careful to ascertain whether indifference or dislike exist towards the infant; and, when this is the case it is better to remove it at once, lest the poor mother injure it.

The predisposing causes of this form of insanity are hereditary tendency, and the peculiar suscepti-

bility of impression present during the puerperal state.

The exciting causes are the same—influenced, of course, by the peculiar state of the individual—as in other forms of insanity before noticed; viz., mental and physical: or those causes acting upon the passions and emotions of the mind, through the medium of the senses; and those affecting the mind through the influence of physical causes,—evidenced by the coincidental cessation of some necessary or accustomed secretion or evacuation or other interruption or irregularity of function.

As in other forms of insanity, the premonitory symptoms are of the first importance as respects the safety of the patient; since, by judicious and early treatment, the attack may always be modified, and sometimes altogether averted.

Though hysteria frequently ushers in the attack, it is no direct evidence of its approach; for hysteria often occurs, without any such sequel, during the puerperal state.

When hysteria is present, therefore, we should be very careful of our opinion, there being some forms

of hysteria, as before noticed, which present little or nothing of the hysteric character, and yet are purely so.

The symptoms which mark the distinction between mania and hysteria, have already been pointed out in speaking of diagnosis.

Having, as far as possible, removed all exciting causes, the treatment, subject to the difficulties previously pointed out, will be governed by the same rules which guide us in the treatment of insanity occurring under common circumstances. We must always, however, bear in mind, that this form of insanity very frequently runs into phrenitis; and that, in such cases, unless the antiphlogistic measures be both prompt and active, our patient is soon lost.

If the sufferer will readily take medicine, the whole materia medica is open to us; if not, we must be guided by the rules previously suggested, always recollecting that a prescription is good for nothing, however clever or well chosen, unless we can get the patient to take it.

The diet will be regulated in all cases, whether puerperal or not, by the state of the patient.

If there be the slightest determination of blood to the head, or a checked or altered function, we ought to bleed. The milk should be got rid of as soon as possible; and, in the meantime, the breasts should be drawn.

CHAPTER XVI.

CONCLUSION.

In speaking of diagnosis, I was led, almost imperceptibly, to refer to the responsibility incurred by all connected directly or indirectly with the decision, in cases of doubtful insanity. I also adverted to the necessity of a public tribunal, where the liberty of the subject was in question.

As I could not, consistently, in that place, pursue the subject, I intimated my intention of recurring to it; and I do so in the hope that my suggestions may meet the eye of some influential person, and thus be, perhaps, the means of bringing the subject under the consideration of parliament.

Supposing its agents honest and experienced, the law of Lunacy—in its provisions as to the ad-

mission of lunatics, sect. 27and 29, 5 and 6 Wm. IV, both for private and pauper patients,—is efficient; for, as to the former, to defeat the object of the clause, either gross ignorance must exist on the part of *both* medical men, or perfect union of purpose be established between them and the relative; and, as to the latter, for the purpose of intentional wrong, three persons—either the medical man, the clergyman, and the magistrate, or the two magistrates and the medical man must combine—a thing most unlikely. But even supposing the combination successful, it would soon be rendered useless by the surveillance of the commissioners.

As, however, with perfect uprightness of intention, and in full accordance with sound judgment, an opinion may be given at variance with that of others, the authority, on which that opinion rests, ought to be of sufficient weight to satisfy the public mind, and, as far as possible, to reconcile the poor sufferer.

That it is not so, every day's experience proves.

The question, therefore, is not the existence of the evil, but the nature of the remedy.

The fact is, the authority, by which the free agency of the individual is destroyed, is insufficient, as regards responsibility; and it is quite clear that nothing short of a public tribunal, will, in doubtful cases of insanity, satisfy the public mind.

Another subject for consideration, and one entirely lost sight of by the Lunacy Acts, is the protection, during absence, of the interest and property of those lunatics not under the control of the Chancellor; and considering the number of them, thus circumstanced, whose property is unprotected by law, and the great risk of those who undertake the voluntary and unauthorised direction of it,—it is clear that there are inconveniences attending a commission of lunacy, more dreaded, than even the evils that may, by possibility, be incurred by acting without authority.

The hope, too, that a cure may be effected, and a commission of lunacy avoided, induces the friends to make their arrangements solely with a view to cure; and, although conscious that such arrangements ought only to be temporary, still, they do not feel disposed to alter them, even when they find

the cure to be hopeless. They have already incurred the risk as to the lunatic's property—they have overcome the first annoyances arising from his illness—and they are unwilling again to agitate the subject.

That this defect in the law, works not merely negatively, but, sometimes, positively to the prejudice of the lunatic, the commissioners' late report sufficiently proves.*

Again, is it not highly inconsistent that, whilst the liberty of the lunatic is dealt with summarily, the law does not authorise you to touch one shilling of his property, even for the purpose of effecting a cure, without the publicity, the annoyance, and the great expense of a commission of lunacy.

Having adverted to the insufficiency of the authority for the restriction of liberty, except under a commission of Lunacy, and the absence of all legal provision for the management of the property of those lunatics not under the control of the Chancellor, or even the application of any part of it, to the purpose

* Page 76 to 79.

of their care and cure, the author is anxious, in conclusion, to call attention to a defect, which he feels convinced is widely felt and acknowledged. The defect alluded to, is the want of an intermediate or provisional power applicable to cases of incipient mania, in which, as all know, itso often happens, that, although the conduct of the individual is evidently working the ruin of himself and family, his state of mind, in other respects, is such, as to indispose, and even to deter, the relatives or friends from adopting extreme measures.

The establishment of such a provisional power, not only would relieve all parties from the painful responsibility at present incurred, but it would secure the two-fold object, of protection to the property, and the adoption, with the least possible publicity—and at the moment when most likely to be successful—of the best means for effecting the restoration of the individual to health.

The necessity for a preliminary arrangement is the more evident, as it often happens, that extreme steps are taken or a commission is applied for, before any means have been used to restore the mind;

the consequence of which is, that the malady is made so public, that even though the individual recover, he becomes, unhappily, a marked man; and he is ever after received by society, as one, to whom confidence cannot be accorded. This prejudice is cruel and unfounded—still it exists, and it is the duty of society, if possible, to remove it.

How many cases are there where relatives would shrink from the publicity attending the present mode of proceeding, who would most gladly avail themselves of the assistance and protection of such a course, as is here suggested.

This provisional proceeding, might be added to the functions of the commissioners or visitors.

The application on the part of the relatives, should be by petition to the commissioners or visitors; and if the representation seemed to warrant interference, a physician should be appointed by them to visit the case, and to report; and if, in considering such report, they should decide that interference was necessary, a domestic tribunal should be held by three or more of the commissioners or visitors, and oral testimony should be

received in support of the petition; and the com missioners or visitors so appointed should have the power of directing such steps to be taken, as to the liberty of the individual, as the nature of the case might seem to them to demand; and, at the same time, arrangements should be made by the friends, under the sanction of such commissioners or visitors—or, supposing the friends could not agree, by the commissioners or visitors themselves—for appointing a trustee or trustees, for the temporary care of the lunatic's property and business; and such trustee or trustees, one of whom should be the next of kin, should be accountable to the commissioners or visitors.

The interest of the lunatic being the chief point in view, the acts of the commissioners or visitors should, at their discretion, be secret; and so managed should be all the arrangements, that, in affording protection, the least possible offence should be given to the individual, in respect of whom the interference might be sought.

The provisional state, as to duration, should be fixed for such time, as should be thought by the

commissioners or visitors necessary for cure; and at the end of such time, or on the suggestion, to that effect, of their physician,—who should be directed by the commissioners or visitors, to visit and report once in every quarter,—an examination should take place by the commissioners, or visitors who should confirm or discontinue the previous arrangements, as they might see proper. The ultimate period of this provisional state, however, should be fixed by law.

When such provisional period should expire, or be by the commissioners or visitors declared no longer necessary; or when the patient should be by the commissioners or visitors adjudged incurable,—then and in either of the cases, a commission of lunacy should be directed; or, supposing the friends unwilling or unable to bear the expense of a commission of lunacy, then, the usual steps should be taken, as appointed by the present Lunacy Acts. Two medical men should certify as to the state of mind of the individual, and on such certificates he should, if thought necessary by the commissioners or visitors, be brought before them, his case gone

into, and the propriety of acting upon the certificates decided.* At the same time, the commissioners or visitors should appoint the next of kin, alone, or, at their discretion, in conjunction with any other person, to take care of the interest of the lunatic and those dependent upon him.

Without other motive, than that I think it would be beneficial to the lunatic and satisfactory to the public, I would suggest, that all lunatics until they should be declared by the commissioners incurable, should be considered in a provisional state; and that, if it should be thought necessary by the commissioners or visitors to remove them from home, they should be sent to an asylum licensed and appointed by the commissioners or visitors, for the express and only purpose of receiving curable cases; and that no such case should be

* Notwithstanding the previous opinion of his incurability, neither the chance nor advantage of subsequent recovery would be interfered with; for, the patient being, as at present, under the surveillance of the commissioners, any change in his state of mind would at once be known and acted upon.

kept beyond the time to be specified by the law, unless under a renewal of the order of the commissioners or visitors. That such licenses should be confined to medical men of a certain standing, and who should, on applying for the license, be obliged to prove themselves qualified for the undertaking, both as to their own experience, and as to the fitness for the purpose, of the house intended for the reception of such patients.

Confident that the changes suggested would be of the greatest benefit to the insane, I do not know a task I should attempt with greater pleasure, were I equal to it, than to embody them as the draught for an Act of Parliament, well knowing how very little mere suggestions are calculated to advance the object in view, however much that object may deserve, or even possess, the good opinion of the public.

THE END.

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INDEX.

PAGE

Division of Insanity 5

Symptoms 11

Exciting causes 24

Criminal Insanity 26

Treatment. 34

Curative agents. 51

a. Emetics. 55

b. Cathartics 58

c. Enemas. 59

d. Alteratives. 59

e. Emmenagogues 59

f. Sedatives. 59

g. Counter Irritants. 60

PAGE.

h. Internal Stimuli. 61

i. External Stimuli, viz. 62

Warm and Cold Baths 62

Shower-baths—Cold Ablution. 62

Refrigerants. 69

Interregnal period. 71

Mistrust and confidence 72

Moral treatment. 75

Association. 80

Locality—rooms and fittings—restraint. . . 84

Seclusion. 90

Suicidal cases 92

Qualifications of attendants. . . . 102

Employment. 105

Puerperal Insanity. 108

Conclusion with remarks on the Law of Lunacy. . 113

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